



Please Print or Type all Information – or you may fill out on-line and print for signatures
ALL FIELDS MUST BE FILLED IN PER INSTRUCTIONS

Form for Requesting Special Accommodation(s)

Last Name:

First Name:

MI:

Current mailing address:

Daytime telephone:

Exam Title:

Month/Year:

Exam City:

Signature:

Date:

☐ I have received test accommodation(s) for a previous DSA administered examination or class, and I am requesting the previously provided accommodation(s) for the examination noted below.

DSA examination or class for which accommodation(s) were provided:

Submitting this form constitutes your official notification to DSA-Voluntary Certified Access Specialist Program of a request for test accommodation(s). Arrangements will be made once the prior accommodations(s) have been confirmed and your request is processed.

☐ I have not previously received special accommodations from DSA for an exam or class, or I require different accommodation(s) from those previously provided because of a change in the nature and extent of my disability.

If you are requesting new accommodations, or different accommodation(s), briefly describe the nature or extent of your disability and attach documentation from a qualified medical professional supporting the need for the accommodations:

Please mail this form along with the supporting documentation to:

DSA, 1102 Q Street, Ste. 5100, Sacramento, CA 95811. Attn: Elizabeth Randolph